PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

	Effective October 1, 2003								10754916				
	CLAIMS AS FILED - PART I												
	TOTAL CLA	IMS	(Colu	ımn 1)	(C	FOLUMN 2) TYPE			ENTITY			IER THAN LL ENTITY	
1	FOR		- 1 <u>~</u> ~	+ 02				RATE	FE	E	RAT	E FEE	
\parallel	TOTAL CHAR		NUMBER FILED		MBER EXTRA		BASIC F	EE 385.	00 O	R BASIC F	EE 770.00		
- -	TOTAL CHARGEABLE CLAIMS			minus 20=	* (2	X\$ 9=		.		R X\$18:	0.4	
- 11-	INDEPENDENT CLAIMS			2 minus 3 = *			X43=				`	0/16	
	MULTIPLE DEPENDENT CLAIM PR					П	/40=			-loi	X86≈		
*	If the differen	nce in column 1	is less than	less than zero, enter "0" in column 0			J L	+145=		OF	+290=		
	* If the difference in column 1 is less than zero, enter "0" in column 2						. –	TOTAL		OF	R TOTAL	986	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						OTHER THAN						
		CLAIMS		(Columi HIGHE:		(Column 3)	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	SMALL		_	SMALL	ENTITY	
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL	
118	Total	*	Minus	**		=		 X\$ 9=	1	1	X\$18=	FEE	
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	Independent	ĺ	Minus	***		=	 	X43=	 	OR	 	-	
尸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~ ~~~	ļ <u> </u>	OR	X86=		
									·	OR	+290=	ļ. ļ	
		ADD	TOTAL OIT. FEE		OR	TOTAL ADDIT. FEE							
8	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							_		 -			
AMENDMENT		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE]-	RATE	ADDI- TIONAL	
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	(Column 1) (Column 2) (Column 2)									OR A	TOTAL DDIT. FEE		
O	`	CLAIMS		(Column 2 HIGHEST	2) ((Column 3)							
MENT		REMAINING AFTER AMENDMENT		NUMBER PRÉVIOUSL PAID FOR	Y	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	.*	Minus	**]	=	X\$	0-		ŀ	V040	FEE	
AMP -	ndependent		Minus	***		=	X4:			OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X86=		
· * If th	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" (Total is SPACE is less than 3, enter "3." ADI									OR .	+290=		
***If ti										DR DR	TOTAL		
The	Highest Numb	er Previously Paid F	For" (Total or Ir	SPACE is less idependent) is	than 3 the hig), enter "3." ghest number fo	ADDIT.	ree L	oriate boy	n colum	DIT. FEE		
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